

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
U.S. SENATE
PUBLIC RECORDS

17 JUL 18 AM 11:46

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Team Graham, Inc.

ADDRESS (number and street)

PO Box 1801

☐ Check if different than previously reported. (ACC)

Columbia

CITY

SC

STATE

29202-1801

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00458828

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE) and/or Semi-annual Report☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)☐ General (12C)☐ Runoff (12R)☐ Special (12S)☐ Convention (12C)

Election on M M / D D / Y Y Y Y Y Y in the State of

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30C)☐ Runoff (30R)☐ Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

04 01 2017

through

06 30 2017

and/or

☒ January 1 - June 30☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

71200.00

71200.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Westbrook, Thad, . .

Signature of Treasurer

Westbrook, Thad, . .

Date

07

14

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3L

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